Introduction:
Urinary incontinence (UI), a common complication of radical prostatectomy, can decrease the quality of life of prostate cancer patients.

Objective:
To evaluate the additional effect of pelvic floor biofeedback training (PFBT) in prostate cancer patients with UI.

Method:
• Criteria:
  ✓ Patient: Prostate cancer patients, who had received prostatectomy.
  ✓ Intervention: PFBT with or without electrical stimulation on UI
  ✓ Comparison: Pelvic floor muscle training (PFMT) with or without electrical stimulation
  ✓ Outcome: Self-reported UI immediate post-training, at the 3rd month (intermediate-term) after training, and at the 6th month (long-term) after training.
  ✓ Study design: Randomized controlled trials (RCTs)

• Search strategy:
  ✓ A systematic search of CINAHL, Cochrane Library, BioMed, Pubmed/Medline, and Web of science.

• Methodological quality assessment:
  ✓ The Cochrane Collaboration’s tool.

• Data extraction and management:
  ✓ According to recommendations from the Cochrane Handbook for Systematic Review of Intervention 5.1.0.

• Statistical analysis:
  ✓ The Comprehensive Meta Analysis software 2.0.

Result:
• Descriptive analysis:
  ✓ 6 RCTs involving 411 prostate cancer patients with UI (Fig. 1).

• The Effects of PFBT:
  ✓ Overall, the post-treatment, intermediate-term (3rd month), and long-term (6th month) effects of PFBT on self-reported UI were not statistically significant (P = 0.475, P = 0.231 and 0.193, respectively) compared with PFMT (Fig. 2a, Fig 3a, Fig 4a).
  ✓ High quality studies had larger and significant long-term effect (mean effect size, -0.76; 95% CI, -1.27 to -0.25) on self-reported UI in comparison with those of poor quality studies (Fig. 2b, Fig.3b, Fig. 4b).
  ✓ The treatment dosage (total exercise minutes) was significantly associated with the long-term effect size (P = 0.026), but not the immediate (p = 0.079) or intermediate-term effect (p = 0.065).
  ✓ No heterogeneity or publication.

Conclusion:
✓ PFBT did not yield a significant additional effect on improving UI in prostate cancer patients in comparison with PFMT.
✓ Additional high-quality studies for further investigating the efficacy of PFBT on decreasing the severity of UI are needed.